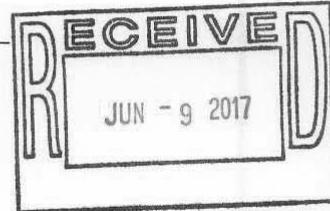


NIQA

United States District Court
Eastern District of Pennsylvania

Jonathan Harrison Plaintiff,) No. #TRT-SER-2016-0504
vs.)
Federal Bureau Prison Defendant,)
) Complaint Under The
) Federal Tort Claim Act
) Pursuant To Rule 8 of
) The Federal Rule of Civil
) Procedure



1. Plaintiff brings this action against defendant, the United States of America, pursuant to the Federal Tort Claim Act, so that this court has jurisdiction of the subject matter of this action pursuant to 28 U.S.C § 1334(b).
 2. The plaintiff has complaintiff has complied with all prerequisites ot a suit under the Federal Tort Claims Act in that:
 - a. ON JUNE 15, 2016, the plaintiff timely filed an administrative claim for the matter in dispute in this action in the amount of \$ 5,000,000. 00 with the Federal Bureau of Prison.
 - b. The defendant, by and though its agency, the Federal Bureau of Prison, denied plaintiff's administrative claim and on January 3, 2017, mailed its notice of denial, a copy of which is attached to this complaint as exhibit "A" .
 - c. This action was timely commenced following the denial of the administrative claim.

3. Plaintiff also brings this action against defendants, physicians Debre Spotts , MD, Jay Miller, J.Reid , and S. Sholder, acting as the agents , sevants , and employees of defendant, the United States of America, in the course of their of their employment, who along with the agents, sevants. and employee's of defendant, United States of America, but known to defendant, United States , but unknown to plaintiff, committed the acts of negligence that are for more fully below .
4. As a result of the fault of defendants, by and trough their agents, sevant's and employees, acting within the scope of their employment plaintiff suffered vision lost in my left eye due to there deleberate neglect .
5. This injury resulted from the negligence of the employees of defendants, acting within the scope of their employment , as follows :
 - a. On June 25, 2010, was examined by defendant doctors at the FCC Allenwood Correctional Institution, at which time, the plaintiff was there for a cronic care visit.
 - b. At that time, defendant, Jay Miller, diagnosed that plaintiff had a enlarged optical nerve.
 - c. On June 25, 2010, Leonard Weber, the attending physician, did not dictate a written report, which was typed on November 17, 2011 , and subsequently denied by the Utilization Review Committee (URC) . There was never a report generated that mention of plaintiff needing a retina examination , M.D. Miller , was at the time a member of the Uitlization Review Commitee , of the medical department .
 - d. In 2014, plaintiff was examined by the optometrist at FCI Estill SC , and this was not until plaintiff suffered vision lost .
 - e. Plaintiff was denied the request to see the retinal specialist made at the prior institution , by the medical administrator and her assistant .
 - f. Defendant M.D. Jay Miller , Debra Spotts , M.D. Estos and J. Reid was negligent in failing to properly provide plaintiff with the adequate care needed .

- g. Defendants, Regina Bradley , Mr. Perkins , and Dr. Mckenzie , were negligent in failing to diagnose the condition and futher negligent in failing to utilize the reports diagnosing the problem that were available .
 - h. Defendants , by their above actions, failing to follow generally accepted medical standards . Had they done so, the swelling in my optical nerve could have been removed in a minor surgical procedure and plaintiff vision could have been saved .
6. As a direct and proximate result of the combined negligence of defendants , agents , servents , and empolyees , plaintiff has suffered and has , therefore , become , as a direct and proximate result , when injured and disabled , plaintiff was 41 , years of age , with a life expectancy of 80 years , earning approximtely \$ 150 , 000 . 00 anually . As a result of these injuries , plaintiff suffered pain of mind and body , with permanent disability .
7. As a result of these injuries , plaintiff in the future will incur medical expenses , will be permanently disabled , and suffer a substantial loss of earning capacity .

Prayer

Plaintiff requestes that this court render judgment against the defendants :

- a. In the sum to be shown at trial , but no event less than \$ 5, 000 , 000 , 00 .
- b. Including whatever pre - and postjudgment interest may be allowed by law , and that
- c. Plaintiff be awarded costs of suit .

Dated June 1, 2017,

145903-052
Jonathan Harrison
P.O. Box 2000
Joint Base M.D.L , NJ 08540

Sincerely, Jonathan Harrison,

Un-Notarized Oath

I, Jonathan Harrison, on this 1 day of June , 2017 , do hereby declare , under the penalties of perjury that the information herein is true and correct to the best of my knowledge.

/s/ Jonathan Harrison
#14593-052

Certificate of Service

I, Jonathan Harrison , on this 1 day of June , 2017, do hereby certify that a copy of the foregoing motion has been sent by institutional mail at FCI Fort Dix , NJ , to the United State Clerk Office , at 601 Market Street, Philadelphia , PA 19106-1741 .

/s/ Jonathan Harrison
#14593-052

External: OD	OS	 Normal Cornea Iris Conjunctiva Lids Pupil Puncta Angle	
Lens: Grade: 1-mild 2-moderate 3-dense 4-very dense			
OD	OS		
Sclerogram			
OD	OS		
Cataracts			
Grade:			
Type:			
Surgery			
Aphakia	IOL Type		
Fundus: C/D/H: C/D/H: HR: AS: A/V: V/L: Mac: Periphery:			
Diagnoses: OD: Direct: DS: Indirect:			
Active: Non Active: General Age Atrophy: Choroidal Atrophy: Diabetic: Normal: OD: OS:			
Goldman Tonometry: OD: BP: R.A: L.A: Perfar: OS:			
External Eye Exam: Last Exam: 2010 Orthopedic Pathology History: HPI: FT N D HCL SCL Glasses: FT N D HCL SCL General Health: FT N D HCL SCL Medication: FT N D HCL SCL Allergies: FT N D HCL SCL Family History: FT N D HCL SCL Lens Rx: VA 6/6 Rx - O.U. VA 6/6 Rx - O.U. IOL Rx: VA 6/6 Rx - O.U. VA 6/6 Rx - O.U. Dist: OD OS OD OS Near: OD OS OD OS Obj: OD OS OD OS Subj: OD OS OD OS Frame: VA VA VA VA Bridge Size: VA VA VA VA Temp: VA VA VA VA			
Internal Eye Exam: Color Vision: 0 - correct X - wrong A B C D E F 12 6 28 6 16 0 LATERAL PHORIA: Circle # W BP: R.A: 1 2 3 4 5 6 7 8 9 10 11 12 3 14 4 5 L.A: 1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 Perfar: OS: 1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 EOM: 1 2 3 4 5 6 7 1/2 1 1/4 0 1/2 1 1/2 Left Hyper Right Hyper			
MUSCLE BALANCE TEST: Place dot where patient sees Red Dot. A B OD: 1 2 3 4 5 6 7 BP: 1 2 3 4 5 6 7 L.A: 1 2 3 4 5 6 7 OS: 1 2 3 4 5 6 7 ESO: 1 2 3 4 5 6 7			
VERTICAL PHORIA: Circle # 1 2 3 4 5 6 7 1/2 1 1/4 0 1/2 1 1/2 Left Hyper Right Hyper			
SHIPPING/BILL TO ADDRESS: LSCI ALLENWOOD HEALTH SERVICES PO BOX 15150 WHITE DEER, PA 17887			
COST BREAKDOWN: FRAME: _____ EXTRAS: _____ EXTRA CASE: _____			
TRAY NUMBER: LSCI Allenwood 11721			

**Bureau of Prisons
Health Services
Consultation Request**

Inmate Name:	HARRISON, JONATHAN	Reg #:	14593-052	Complex:	ALX
Date of Birth:	09/07/1972 00:00	Sex:	M		

Consultation/Procedure Requested: Optometry

Subtype: Retinopathy Exam

Reason for Request:

HTN. Needs retinal exam.

Provisional Diagnosis:

HTN.

Medications (As of 08/03/2011)

Aspirin 81 MG EC Tab Exp: 01/18/2012 SIG: Take one tablet by mouth each day

Hydrochlorothiazide 25 MG Tab Exp: 01/18/2012 SIG: Take one tablet by mouth each morning

Metoprolol Tartrate 100 MG Tab Exp: 01/18/2012 SIG: Take one tablet by mouth twice daily

Allergies (As of 08/03/2011)

Sulfa Antibiotics

Health Problems (As of 08/03/2011)

Hypertension, Unspecified essential, Unspecified gingival and periodontal diseases, Knee, Pain in joint, lower leg,

Dental caries, unspecified

Inmate Requires Translator: No Language:

Additional Records Required:

Comments:

Requested By: Weber, Leonard PA-C

Ordered Date: 07/22/2011 13:06

Priority: Medically
Necessary - Non-
Emergent



1300 Route 22 East
Bridgewater, NJ 08807
Phone: (908) 218-4303
Fax: (908) 218-4307

3 Industrial Way West
Eatonboro, NJ 07724
Phone: (732) 389-2333
Fax: (732) 389-2785

98 James Street, Ste. 209
Edison, NJ 08810
Phone: (732) 906-1887
Fax: (732) 906-1813

325 Route 70 West, Ste. D-14
Lakewood, NJ 08701
Phone: (732) 363-2396
Fax: (732) 363-0403

140 Franklin Corner Road
Lawrenceville, NJ 08648
(Phone: (609) 896-3635
Fax: (609) 893-2831

Howard F. Fine, M.D.
Eric S. Friedman, M.D.
Stuart N. Green, M.D.
Bruce J. Keyser, M.D.
Jonathan L. Prentner, M.D.

Daniel B. Roth, M.D.
Sumit P. Shah, M.D.
H. Matthew Wheatley, M.D.
David L. Yerian, M.D.

10 Plaza Street, Ste. 600
New Brunswick, NJ 08901
Phone: (732) 220-1600
Fax: (732) 220-1640

510 Lakelhurst Road, Ste. 305
Toms River, NJ 08753
Phone: (732) 797-3883
Fax: (732) 797-1866

Name	Chart#	DOB	Refer Doctor
Jonathan Harrison	565916	9/7/1972 (44 y.o.)	
Date	Location	PCP	Insurance
5/11/2017	Lawrenceville		*SELF PAY*/ NAPHCARE

Reason For Visit: Consultation - Macular Hole OS.

Secondary: Glaucoma OU. Superficial Eye Injury OS (2011).

HPI: CC: Blurred Vision OS. Since Last Visit: worsening. Location: central vision. Quality: blurry. Severity: moderate. Duration of Problem: about 1 year.

Ocular Meds (Initial): Latanoprost 0.005% 1 gtt qhs OU.

Medical Hx: Hypertension, Systemic. Influenza Immunization Not Received. Pneumococcal Vaccine Not Received. **Surgical Hx:** Trauma Surgery for a Stab Wound to the Chest (Punctured the heart).

Systemic Meds: amlodipine 5 MG / HCTZ 12.5 MG / valsartan 160 MG Oral Tablet. Amitriptyline Hydrochloride, 25 mg oral tablet. sulindac 200 mg ORAL TABLET [SULINDAC].

Allergies: NKDA.

Family Hx: Diabetes (Mother). **Social Hx:** Marital Status: Single. Smoking/Tobacco: Never Smoker. Alcohol: None. Substance Abuse: None. Blood Transfusions: Yes.

ROS: Ocular: See HPI. Other: HENT: Negative. Cardiovascular: Negative. Respiratory: Negative. Endocrine: Negative. Constitutional: Negative. HENT: Negative. Cardiovascular: Negative. Respiratory: Negative. Endocrine: Negative. Gastrointestinal: Negative. Genitourinary: Negative. Integumentary: Negative. Musculoskeletal: Negative. Neurologic: Negative. Hematology/Oncology: Negative.

Mental Status: Alert and oriented x 3, appropriate mood/affect **Hx Sources:** Patient

VA OD: Dsc20/20. **Nsc20/100. PHNI.** **OS:** Nsc20/70. Dsc8/200. PH20/70. **IOP:** TP OD: 20 OS: 21 11:44 AM

Dilation: Location: OU. Tech: Alexis/LV/Tech. Time: 11:44 AM. **Drops:** Discussed effects of drops; Tropicamide 1%; Proparacaine 0.5%; Phenylephrine 10%

External	Right Eye	Left Eye
• Pupils	Round, Brisk. No RAPD.	Round, Brisk. No RAPD.
• Motility	Full, Orthotropic.	Full, Orthotropic.
• CVF	Full.	Full.
• Adnexa	Normal Ocular Adnexa.	Normal Ocular Adnexa.
Anterior	Right Eye	Left Eye
• General		
• L/C/S	Normal. White Conjunctiva and Sclera.	Normal. White Conjunctiva and Sclera.
• Cornea	Clear Epithelium. Clear Endothelium.	Clear Epithelium. Clear Endothelium.
• Anterior Chamber	Normal Depth. Quiet.	Normal Depth. Quiet.
• Iris	Normal.	Normal.
• Lens	Clear.	Trace Cortical.

Posterior	Right Eye	Left Eye
• General		
• Nerve	CDR 0.8. No Disc Pallor. No Disc Edema.	CDR >0.9. Disc Pallor. Severe Excavation. No Disc Edema.
• Vitreous	Vitreous Syneresis. PVA.	Vitreous Syneresis. PVA.
• Retinal Vessels	Normal Caliber.	Normal Caliber.
• Macula	Fine Drusen (Juxtafoveal). No Hemorrhage. No Subretinal Fluid. No Edema.	Normal Macula.
• Periphery	White without Pressure. Attached. No Holes or Tears 360 (Scleral Depression).	White without Pressure. Attached. No Holes or Tears 360 (Scleral Depression).

OCT Macula: Findings OD: Reason For Testing: Initial Evaluation. Normal Retinal Contour. VMA. No Evidence of Macular Edema. No Evidence of Subretinal Fluid. IS/OS Layer Intact. Foveal Thickness 24 microns 5/11/17. Plan: Additional Diagnostic Testing Indicated. Findings OS: Reason For Testing: Initial Evaluation. Normal Retinal Contour. VMA. Intraretinal Cysts Consistent with Maculoschisis (Nasal). No Evidence of Subretinal Fluid. IS/OS Layer Intact. Foveal Thickness 23 microns 5/11/17. Plan: Additional Diagnostic Testing Indicated.

OCT RNFL: Findings OD: Reason For Testing: Initial Evaluation. Good Fixation. Normal Retinal Nerve Fiber Layer. Normal Ganglion Cell Complex. Findings OS: Reason For Testing: Initial Evaluation. Good Fixation. Abnormal Retinal Nerve Fiber Layer (Superior & Inferior). Normal Ganglion Cell Complex.

Sub. Ext Ophthal.: Findings OD: Reason For Testing: Initial Evaluation. Method of Exam: Indirect Ophthalmoscopy 20D Lens. Method of Exam: Silt Lamp Biomicroscopy 90D Lens. Method of Exam: Indirect Ophthalmoscopy with 360 Scleral Depression Performed. Plan: Observation Indicated. **Findings OS:** Reason For Testing: Initial Evaluation. Method of Exam: Indirect Ophthalmoscopy 20D Lens. Method of Exam: Silt Lamp Biomicroscopy 90D Lens. Method of Exam: Indirect Ophthalmoscopy with 360 Scleral Depression Performed. Plan: Observation Indicated.

Imp/Plan:

1. Other Optic Atrophy OS.
2. Macular Fine Drusen OD.
3. White Without Pressure OU.
4. Vitreous Syneresis OU.
5. Cortical Age-Related Cataract OS.
6. Glaucoma OU.

Other Discussions: I have reviewed the above findings with the patient. It appears that he has severe optic atrophy in his left eye of uncertain etiology. Apparently he has been treated for glaucoma over the last 2 years or so and it is unclear how high the pressures were at the time treatment was initiated. He feels that the vision has been severely decreased for the past 2 years or so. Because of the severity of the optic atrophy he should undergo imaging of the orbits and brain with MRI to rule out a compressive lesion if this has not been done already. I strongly recommend that he be evaluated by a neuro-ophthalmologist who should arrange for the imaging studies. Otherwise the posterior segment examination is essentially unremarkable in both eyes. He will continue his present glaucoma management and should be in the habit of wearing full-time hypertension with polycarbonate lenses given the poor vision in his left eye. Thank you for allowing me to share in his care.

Ocular Meds (Final): Latanoprost 0.005% 1 gtt qhs OU.

Follow Up: Refer ASAP - Neuro-ophthalmologist;

CPT Codes: 99244, 1036F, 4040F.
92134, 92133, 92226RT, 92226LT.

ICD-9 Codes: 377.13s, 362.57d,
365.9u,

ICD-10 Codes: H47.292s, H35.361d,
H35.463u, H43.393u, H25.012s,
H40.9u

Signed:

Electronically signed by Eric Friedman, MD

Page 2 of 2

Patient: Jonathan Harrison (DOB 9/7/1972)
Thursday, May 11, 2017